

Exhibit A

Approved, SCAO

Court (with instructions)
Defendant (with instructions)Plaintiff (with instructions)
Return (with proof of service)STATE OF MICHIGAN
JUDICIAL DISTRICTAFFIDAVIT AND CLAIM
Small Claims

CASE NO. and JUDGE

641B

21-610 SC

Court address

Court telephone no.

617 N. State St., Stanton, MI 48888

(989) 831-7452

See additional notice and instructions on page 3.

1. Plaintiff
Starla Hard
200 E. 1st St. Apt. #24
Address
Stanton, MI 48888
City, state, zip (989) 572-8046 Telephone no.
2. Defendant
Stanton Post Office
363 N. State St.
Address
Stanton, MI 48888
City, state, zip (989) 831-5361 Telephone no.

NOTICE OF HEARING
For Court Use Only

The plaintiff and the defendant must be in court on

Thursday June 17, 2021
Day Dateat 1:00 PM at the court address above.
TimeRemote via Zoom
LocationCert. Mail Fee paid: \$ 70.00
Process server's name

- ☐ 3. A civil action between these parties or other parties arising out of the transaction or occurrence alleged in this complaint has been previously filed in ☐ this court ☐ Court.

It was given case number _____ and assigned to Judge _____.

The action ☐ remains ☒ is no longer pending.

4. I have knowledge or belief about all the facts stated in this affidavit and I am
☒ the plaintiff or his/her guardian, conservator, or next friend. ☐ a partner. ☐ a full-time employee of the plaintiff.

5. The plaintiff is ☒ an individual. ☐ a partnership. ☐ a corporation. ☐ a sole proprietor. ☐ _____.6. The defendant is ☐ an individual. ☐ a partnership. ☒ a corporation. ☐ a sole proprietor. ☐ _____.7. The date(s) the claim arose is/are Monday, August 2019 (Aug. 5th 2019)
Attach separate sheets if necessary

8. Amount of money claimed is \$ 5,850 . (Note: Plaintiff's costs are determined by the court and awarded as appropriate. They are not part of the amount claimed.)

9. The reasons for the claim are: 1, Starla fell at the post office suffered major pain & injuries permanently.

10. The plaintiff understands and accepts that the claim is limited to \$6,500 by law and that the plaintiff gives up the rights to (a) recover more than this limit, (b) an attorney, (c) a jury trial, and (d) appeal the judge's decision.

11. I believe the defendant ☒ is ☐ is not mentally competent. I believe the defendant ☒ is ☐ is not 18 years or older.12. ☐ I do not know whether the defendant is in the military service. ☒ The defendant is not in the military service.
☐ The defendant is in the military service.

Signature

Subscribed and sworn to before me on 5/10/21
Date

Deputy clerk/Notary public signature

My commission expires on _____.

Name (type or print)

Notary public, State of Michigan, County of _____ ☐ Acting in the County of _____.☐ This notarial act was performed using an electronic notarization system or a remote electronic notarization platform.

The defendant(s) must be served by 8/9/21

Expiration date

DEFENDANT